

BUDGET SUMMARY - DSS FUNDS AND MATCH FUNDS

CONTRACT PERIOD: FROM ____/____/____ TO ____/____/____ CONTRACTOR NAME: _____

BUDGET CATEGORY	JUSTIFICATION (How costs were determined)	TOTAL DSS REQUEST	TOTAL MATCH AMOUNT
SALARIES			
EMP. BENEFITS			
POSTAGE			
OFFICE			
EQUIPMENT			
PRINTING			
CONSUMABLE SUPPLIES			
TRAVEL			
CLIENT INCENTIVES			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
TOTAL REQUESTED FROM DSS			

* Awarded funds cannot be used to supplant existing funds.

ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

FROM ____/____/____ TO ____/____/____ CONTRACTOR NAME: _____

SALARIES	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM VDSS
STAFF POSITION				
1.				
2.				
3.				
4.				
5.				
TOTAL SALARIES REQUESTED FROM DSS	-----	-----	-----	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS	-----	-----	-----	

*** ITEMIZED BUDGET - OTHER PROPOSED EXPENSES**

CONTRACT PERIOD: FROM ____/____/____ TO ____/____/____ CONTRACTOR NAME: _____

LINE ITEM * Limited to 8% of the total budget	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
<i>POSTAGE TOTAL</i>		
* Administrative		
Program		
* <i>OFFICE TOTAL</i>		
Utilities		
Telephone		
* <i>EQUIPMENT TOTAL</i>		
Equipment Purchase		
Equipment Rental		
<i>PRINTING TOTAL</i>		
* Administrative		
Program		
<i>CONSUMABLE SUPPLIES TOTAL</i>		
* Office		
Program		

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

RFP No. CVS-11-083 Strengthening Families Initiative Attachment B
 CONTRACT PERIOD: FROM ____/____/____ TO ____/____/____ CONTRACTOR NAME:_____

LINE ITEM * Limited to 8% of the total budget	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
<i>TRAVEL TOTAL</i>		
* Administrative		
Program		
<i>*CLIENT INCENTIVES TOTAL</i>		
<i>OTHER TOTAL</i> (specify)		

TOTAL AMOUNT REQUESTED FROM DSS: \$_____

***ITEMIZED BUDGET - MATCH DOCUMENTATION**

CONTRACT PERIOD: FROM ___/___/___ to ___/___/___ CONTRACTOR
 NAME:_____

BUDGET CATEGORY	BRIEF DESCRIPTION	SOURCE	CASH	IN-KIND VALUE	TOTAL MATCH 15.5% local match
Salaries					
Employee Benefits					
Postage					
Utilities					
Equipment					
Printing					
Consumable Supplies					
Travel					
Client Incentives					
Total Amounts Supplied by Match					

